

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	412	8-9-95
TYPIST	335	SPIPS
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	14-31 97-98
1	
2	
3	1-2
4	4-2
5	11-2
6	1-2
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Best Available Copy

SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
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